

BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH

**AN ADMINISTRATIVE RULES HEARING
LSA DOCUMENT #08-423**

HEARING OFFICER REPORT

This matter came before the duly appointed Hearing Officer, Morgan E. McGill, on the 30th day of October, 2008, at 9:00 a.m., at the Indiana State Department of Health (ISDH), 2 North Meridian Street, Indianapolis, Indiana.

Notice of time and place of the hearing was given as provided by law by publishing on October 6, 2008, in the *Indianapolis Star* and by publishing in the Indiana Register dated October 8, 2008. Proof of publication of this notice has been received by the ISDH and the notice and proof are hereby incorporated into the record of this cause by reference and placed in the official files of the ISDH.

ORAL STATEMENT

Spencer L. Grover
Vice President
Indiana Hospital Association

Mr. Grover testified at the hearing. On behalf of the Indiana Hospital Association, Mr. Grover recommended that the ISDH follows the recent guidance of CMS and the Joint Commission and change every instance of the word “repeat” in the rule, where the rule refers to “repeat and verify,” to “read-back,” so that the process would be described as “read-back and verify.” This would bring the Indiana rule into compliance with recent guidance from CMS and the Joint Commission. He stated that the Indiana Hospital Association would submit further written documentation.

WRITTEN STATEMENT

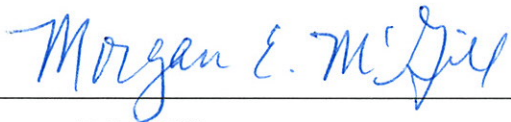
Spencer L. Grover
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Indiana Hospital Association

The record was left open until the close of business, October 31, 2008. On October 30, written comments were submitted by Mr. Spencer L. Grover, on behalf of the Indiana Hospital Association. Mr. Grover recommended that the proposed rules incorporate recent changes to CMS and Joint Commission guidance and standards. He stated that after these proposed rules in 410 IAC 15-1.5-5(O) were published, CMS and The Joint Commission changed their guidance

from "repeat" to "read back." He recommended that the proposed rules be changed to incorporate this newly issued guidance. He requested that wherever in Section (O) the word "repeat" or "repeated is used," it be replaced with "read back."

Mr. Grover's comments are attached hereto and incorporated by reference as **Exhibit 1**.

Dated at Indianapolis, Indiana this 3rd day of November, 2008.



Morgan E. McGill
Hearing Officer



Indiana Hospital Association

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October 30, 2008

Terry Whitson
Assistant Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear Mr. Whitson:

On behalf of the Indiana Hospital Association (IHA), I would like to thank the Indiana State Department of Health for promulgating the Proposed Rule LSA Document #08-423, regarding the authentication requirements for physician's order in a hospital. These minor changes may not affect the existing practice in Indiana's hospitals, but they are intended to bring Indiana's rules into strict consistency with CMS' State Operations Manual Interpretive Guidelines, The Joint Commission's elements of performance, and their National Patient Safety Goals. IHA believes that these revisions promote more effective communication and help reduce errors thus improving patient safety.

After these proposed rules in 410 IAC 15.1.5-5 (O) were published, CMS and The Joint Commission changed their guidance from "repeat" to "read back." References to the standards and comments by CMS, and The Joint Commission elements and their National Patient Safety Goals are identified below for your reference. Therefore, we request that wherever in this section that "repeat" or "repeated" is used, it be replaced with "read back."

(O) A requirement that all verbal orders must authenticated by the responsible individual in accordance with hospital and medical staff policies. The individual receiving a verbal order shall date, time and sign the verbal order in accordance with hospital policy. Authentication of a verbal order must occur within forty-eight (48) hours unless a **read back** and verify process described under items (i) and (ii) is utilized. If a patient is discharged within forty-eight (48) hours of the time that the verbal order was given, authentication shall occur within thirty (30) days after the patient's discharge.

(i) As an alternative, hospital policy may provide for a **read back** and verify process for verbal orders. Any **read back** and verify process must require that the individual receiving the order shall immediately **read back** the complete order to the ordering physician or other responsible individual who shall immediately verify that the **read back** order is correct.

(ii) The individual receiving the verbal order shall document in the patient's medical record that the order was **read back** and verified. Where the **read back** and verify process is followed, the hospital shall require authentication of the verbal order not later than thirty (30) days after the patient's discharge.



I. Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations/Survey and Certification Group, S&C-08-18

"CMS expects hospital policies and procedures for verbal orders to include a read-back and verify process, in addition to specifying a timeframe for authentication of the orders."

Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations/Survey and Certification Group, S&C-08-18, *Hospitals - Restraint/Seclusion Interpretive Guidelines & Updated State Operations Manual (SOM) Appendix A*, p. 118.

II. The Joint Commission

Elements of performance for IM.6.50

4. For verbal or telephone order or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

National Patient Safety Goals: NPSG.02.01.01

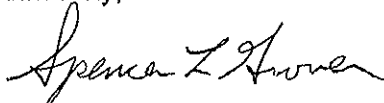
For verbal or telephone orders or for telephone reporting of critical test results, the individual giving the order or test result verifies the complete order or test result by having the person receiving the information record and "read back" the complete order or test result.

Rationale for NPSG.02.01.01

Ineffective communication is the most frequently cited root cause for sentinel events. Effective communication that is timely, accurate, complete, unambiguous, and understood by the recipient reduces error and results in improved [patient] safety.

Thank you very much for your consideration of this request.

Sincerely,



Spencer L. Grover
Vice President